

## **Transportation Form / New Student**

Student Name:	Grade:
Home Address:	
City:	
Parent(s)/Guardian(s):	
Home Phone:	Cell Phone:
Emergency Phone:	Contact:
more than ½ mile from the school they atternooning school year. For safety reason	the most precious gift there is, your child. If your child is living end, please let us know your needs for transportation for the is students are allowed one drop-off and one pick-up bus stop. If you have any questions, please call us.
Tran	sportation Needs:
My child does NOT need transp	portation provided by school.
My child will be picked up and one nearest existing stop.	dropped off at the home address listed above or the
	d will be picked up and/or dropped off. I will let the w by calling 616-794-4970 (open all year), as soon as I
Day	care Information:
My child will be <u>picked</u> up at this loo	cation:
Address:	
Name of childcare provider:	Phone:
My child will be dropped off at this l	ocation:
Address:	
Name of childcare provider:	Phone:

**Transportation** 

460 E. State Street Belding, MI 48809 616.794.4970 www.bas-k12.org Director

Jamie Segorski

**Board of Education** 

Mike Baker Terry Boni Sarah Foss Shannon Hummel Keven Krieger Doug Lamborne Jennifer Lien

